

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

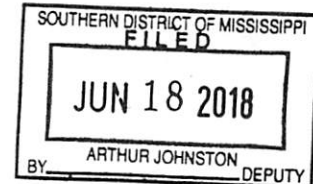
COMPLAINT

Hafin
(Last Name) (Identification Number)

Michael
(First Name) (Middle Name)

C/O Hancock County Jail
(Institution)

2450 U.S. 90
(Address)
(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)
Bay St Louis, Ms. 39520



CIVIL ACTION NUMBER: 1:18cv212 LG RHW
(to be completed by the Court)

Harrison County
Adult Detention Center
10451 Larkin Smith Dr.
Gulfport, Mississippi 39503
(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (☒) No (☐)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: Harrison County Jail
 - Court (if federal court, name the district; if state court, name the county): Harrison County
 - Docket Number: _____
 - Name of judge to whom case was assigned: _____
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): _____

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Michael Hefflin Prisoner Number: 24735
 Address: Hancock County Jail

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Harrison County Sheriff's Dept. is employed as
Gulf Coast Community College at 10451 Larkin
Smith Drive Gulfport, Ms 39503

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME:

ADDRESS:

John Michael Hefflin 10451 Larkin Smith Drive
Gulfport, Mississippi 39503

DEFENDANT(S):

NAME:

ADDRESS:

Harrison County 10451 Larkin Smith Dr.
Sheriff's Dept. Gulf

Gulf Coast
Community College

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
Yes (☒) No (☐)
- B. Are you presently incarcerated for a parole or probation violation?
Yes (☐) No (☒)
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☐) No (☒)
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes (☐) No (☒)
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?
Yes (☐) No (☒), if so, state the results of the procedure: _____

- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?
Yes (☒) No (☐)
 2. State how your claims were presented (written request, verbal request, request for forms): Verbal
and Form
 3. State the date your claims were presented: March 2018
 4. State the result of the procedure: Pending

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

Harrison failed to present real facts about the GED class they claimed to have the class and they didn't. They withheld info about the class the state awarded the County a significant amount of cash awarded to inmates that wanted to receive their GED without incident. When brought to Court attention they hid the fact and started passing out flyers and stuff and got GED class (monthly) classes in the jail which was also a lie.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

My son to get his GED diploma from the Before Courts as a juvenile. He would not be able to go to Oakley Center in Jackson until completing this. The problem lies in Harrison County not having a GED program while he was incarcerated. I'm his dad. Tell you there was a GED program but it

Signed this _____ day of _____

2018

Michael W. Ryle
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

May 7, 2018
(Date)

Michael W. Ryle
Signature of plaintiff

wasn't used in the proper manner. For two years the Sheriff never had this program. The Sheriff used to ~~allow~~ when pursuing his son's options. Now after Michael pursued further, the program is opened back up. They are saying that his charge doesn't allow him to participate in GED. WRONG, here in Hancock County anyone can pursue their GED. Tell me what is really going on with my son's GED. He should be able like anyone to attend. These stipulations are illegal.

If any problems you have before I'm released please mail me. @

12257 Breezeway Circle
Gulfport, MS 39503